# Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

D. . . May 24 2005

|  | о вох 202501<br>elena, MT 59620-2501   |   | Due May 31   | , 2005   |  |
|--|--|---|--|--|--|
| Legal Entity #   | School Dist. #   | School Name   |  | County   | Level                                      |
| 0846   | 5  | Park City Elem  |  | 48   | EL   |
| Proposed Restric   | ted Indirect Cost Rate   | e%  | (Round to nearest h                                      | nundredth (X.X                                 | X%) of a percent.)                         |
|  | Complete and submit we submitted for the electory of your rate.  |   |  |  |  |
| This is to certify that knowledge and believed.  | t I have reviewed the ir<br>ef:  | ndirect cost rate prop  | osal submitted he  | rewith and to                                  | the best of my                             |
| allowable in accorda<br>A-87, "Cost Principle  | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete   | ents of the Federal a Governments." Una   | ward(s) to which t<br>llowable costs hav                 | they apply an<br>ve been adjus                 | d OMB Circular                             |
| casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate. | d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is | incurred and the agr<br>Further, the same of<br>addition, similar type<br>notified of any accou | reements to which osts that have been soft costs have be | they are allo<br>en treated as<br>een accounte | cated in indirect costs d for consistently |
|  | ct Superintendent or   |   | Street Address   | or P.O. Box                                    |  |
| Printed Name of A  | uthorized Official   |   | PO Box 278 City  | Zi   | p Code                                     |
|  |  |   | Park City  |  | 9063                                       |
| Title  |  |   | Date   |  |  |
| Send com   | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620  | ruction   |  |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE   | NDENT OF PUBL  | LIC INSTRUC                                    | TION BY:                                   |
| Ар   | proved Rate for FY20   | 06  | Date Approved  |  |  |
|  |  |   | Signature  |  |  |
|  |  |   |  |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Н н  | elena, MT 59620-2501   |   | Due May 31  | , 2003   |  |
|--|--|---|---|--|--|
| Legal Entity #   | School Dist. #   | School Name   |   | County   | Level  |
| 0847   | 5  | Park City H S   |   | 48   | HS   |
| Proposed Restric   | ted Indirect Cost Rate   | e%  | (Round to nearest h                                     | nundredth (X.)                                 | (X%) of a percent.)                                |
|  | Complete and submit wo<br>be submitted for the electory or a submitted for the electory or rate.                     |   | • •   |  | •  |
| This is to certify that knowledge and believed                     | t I have reviewed the ir<br>ef:  | ndirect cost rate prop  | osal submitted he                                       | rewith and to                                  | the best of my                                     |
| allowable in accorda<br>A-87, "Cost Principle                      | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete               | ents of the Federal a Governments." Una                               | ward(s) to which t<br>llowable costs hav                | they apply ar<br>/e been adju                  | nd OMB Circular                                    |
| casual relationship l<br>accordance with ap<br>have not been claim | d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be | incurred and the ag<br>Further, the same of<br>addition, similar type | reements to which osts that have been sof costs have be | they are allo<br>en treated as<br>een accounte | ocated in<br>indirect costs<br>ed for consistently |
|  | regoing is true and cor  |   |   |  |  |
| Signature of Distri<br>Chairperson                                 | ct Superintendent or   | Board   | Street Address  | or P.O. Box                                    |  |
| •  |  |   | PO Box 278  |  |  |
| Printed Name of A  | uthorized Official   |   | City  | Z  | ip Code  |
|  |  |   | Park City   | 5  | 9063   |
| Title  |  |   | Date  |  |  |
| Send com   | npleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501<br>Helena, MT 59620                  | ruction   |   |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE   | NDENT OF PUBL   | LIC INSTRU                                     | CTION BY:  |
| Ар   | proved Rate for FY20   | 06  | Date Approved   |  |  |
|  |  |   | Signature   |  |  |
|  |  |   |   |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| hool Name  | County   | Level  |
|--|--|--|
| lumbus Elem  | 48   | EL   |
| % (Round to nea  | rest hundredth (X.2  | XX%) of a percent.)                                  |
|  |  | •  |
| ct cost rate proposal submitte   | ed herewith and to   | o the best of my                                     |
| of the Federal award(s) to when the cost of the cost o | nich they apply a<br>s have been adju  | nd OMB Circular                                      |
| irred and the agreements to wither, the same costs that have tion, similar types of costs ha   | which they are allow<br>the been treated as<br>we been account   | ocated in<br>s indirect costs<br>ed for consistently |
|  |  |  |
| rd Street Addr   | ess or P.O. Box  |  |
|  |  |  |
| City   | Z  | Zip Code   |
| Columbus   | 5  | 90197165   |
| Date   |  |  |
| on   | DIIRI IC INICTDII  | CTION RV-  |
| TE SUPERINTENDENT OF F   | OBLIC INSTRU   | CHON BY:   |
| Τ= .   |  |  |
| Date Approv  | red  |  |
| ocenne oc | one copy of each application for entary and high school district.  Trect cost rate proposal submitter of the final indirect cost rate of the Federal award(s) to whovernments." Unallowable cost ined Indirect Cost Allocation - Storely allocable to Federal award curred and the agreements to worther, the same costs that have dition, similar types of costs has tified of any accounting change of the cost of the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award(s) to whovernments."  Street Address of City  Columbus  Date |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

|   | Helena, MT 59620-2501   |   | Due May of  | , 2000  |  |
|---|---|---|---|---|--|
| Legal Entity #  | School Dist. #  | School Name   |   | County  | Level  |
| 0849  | 6   | Columbus H S  |   | 48  | HS   |
| Proposed Restric  | cted Indirect Cost Rat  | e%  | (Round to nearest   | hundredth (X.2                                  | XX%) of a percent.)                                  |
|   | Complete and submit we be submitted for the electory of your rate.  |   |   |   |  |
| This is to certify the knowledge and bel                        | at I have reviewed the in ief:  | ndirect cost rate prop  | oosal submitted he  | erewith and to                                  | o the best of my                                     |
| allowable in accord A-87, "Cost Princip                         | ed in this proposal to es<br>dance with the requirem<br>des for State and Local<br>in the attached Predete                          | ents of the Federal a Governments." Una                               | award(s) to which<br>Illowable costs ha                       | they apply a<br>ve been adju                    | nd OMB Circular                                      |
| casual relationship<br>accordance with a<br>have not been clair | ed in the proposal are p<br>between the expenses<br>oplicable requirements.<br>med as direct costs. In<br>ublic Instruction will be | incurred and the ag<br>Further, the same of<br>addition, similar type | reements to which<br>costs that have be<br>es of costs have b | n they are allo<br>en treated as<br>een account | ocated in<br>s indirect costs<br>ed for consistently |
|   | oregoing is true and cor  |   |   |   |  |
| Signature of Distr<br>Chairperson                               | rict Superintendent or  | Board   | Street Address  | or P.O. Box                                     |  |
| •   |   |   | 433 N 3rd St  |   |  |
| Printed Name of A   | Authorized Official   |   | City  | Z   | Zip Code   |
|   |   |   | Columbus  | 5   | 90197165   |
| Title   |   |   | Date  | <br>  |  |
| Send cor  | mpleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501<br>Helena, MT 59620                                 | ruction   |   |   |  |
| ACCEPTE   | O AND APPROVED FO   | R THE SUPERINTE   | NDENT OF PUB  | LIC INSTRU                                      | CTION BY:  |
| Ap  | oproved Rate for FY20   | 06  | Date Approved   |   |  |
|   |   |   | Signature   |   |  |
|   |   |   |   |   |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Н Н  | elena, MT 59620-2501  |  | Due May 31  | , 2003   |  |
|--|---|--|---|--|--|
| Legal Entity #   | School Dist. #  | School Name  |   | County   | Level  |
| 0850   | 9-9   | Reed Point Elem  |   | 48   | EL   |
|  | ted Indirect Cost Rate  |  | (Round to nearest h                                     |  |  |
| INSTRUCTIONS: (  | Complete and submit we submitted for the ele  | vith one copy of each  | application for Inc                                     | direct Cost R                                  | ate. A separate                                    |
| This is to certify that knowledge and believed.                    | t I have reviewed the ir<br>ef:   | ndirect cost rate prop   | osal submitted he                                       | rewith and to                                  | the best of my                                     |
| allowable in accorda<br>A-87, "Cost Principle                      | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete                            | ents of the Federal a Governments." Una                                | ward(s) to which t<br>llowable costs hav                | they apply ar<br>ve been adju                  | nd OMB Circular                                    |
| casual relationship l<br>accordance with ap<br>have not been claim | d in the proposal are p<br>between the expenses<br>plicable requirements.<br>ned as direct costs. In<br>ablic Instruction will be | incurred and the agr<br>Further, the same of<br>addition, similar type | reements to which osts that have been sof costs have be | they are allo<br>en treated as<br>een accounte | ocated in<br>indirect costs<br>ed for consistently |
|  | regoing is true and cor   |  |   |  |  |
| Signature of Distri<br>Chairperson                                 | ct Superintendent or  | Board  | Street Address  | or P.O. Box                                    |  |
| •  |   |  | PO Box 338  |  |  |
| Printed Name of A  | uthorized Official  |  | City  | Z  | ip Code  |
|  |   |  | Reed Point  | 5  | 9069   |
| Title  |   |  | Date  | ·  |  |
| Send com   | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620   | ruction  |   |  |  |
| ACCEPTED   | AND APPROVED FO   | R THE SUPERINTE  | NDENT OF PUBL   | LIC INSTRUC                                    | CTION BY:  |
| Ар   | proved Rate for FY20  | 06   | Date Approved   |  |  |
|  |   |  | Signature   |  |  |
|  |   |  |   |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Н Н  | elena, MT 59620-2501   |  | Due May 31  | , 2003   |  |
|--|--|--|---|--|--|
| Legal Entity #   | School Dist. #   | School Name  |   | County   | Level  |
| 0851   | 9-9  | Reed Point H S   |   | 48   | HS   |
| Proposed Restric   | ted Indirect Cost Rate   | e%   | (Round to nearest h   | nundredth (X.)                                 | (X%) of a percent.)                                |
|  | Complete and submit we submitted for the electory or your rate.  |  |   |  |  |
| This is to certify that knowledge and believed                     | t I have reviewed the ir<br>ef:  | ndirect cost rate prop   | osal submitted he   | rewith and to                                  | the best of my                                     |
| allowable in accorda<br>A-87, "Cost Principle                      | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete               | ents of the Federal a Governments." Una                                | award(s) to which to which to which to which to which the ward is the ward of | they apply ar<br>ve been adju                  | nd OMB Circular                                    |
| casual relationship l<br>accordance with ap<br>have not been claim | d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be | incurred and the agr<br>Further, the same of<br>addition, similar type | reements to which<br>osts that have beens of costs have be  | they are allo<br>en treated as<br>een accounte | ocated in<br>indirect costs<br>ed for consistently |
|  | regoing is true and cor  |  |   |  |  |
| Signature of Distri<br>Chairperson                                 | ct Superintendent or   | Board  | Street Address  | or P.O. Box                                    |  |
| •  |  |  | PO Box 338  |  |  |
| Printed Name of A  | uthorized Official   |  | City  | Z  | ip Code  |
|  |  |  | Reed Point  | 5  | 9069   |
| Title  |  |  | Date  |  |  |
| Send com   | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620                              | ruction  |   |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE  | NDENT OF PUBL   | LIC INSTRU                                     | CTION BY:  |
| Ар   | proved Rate for FY20   | 06   | Date Approved   |  |  |
|  |  |  | Signature   |  |  |
|  |  |  |   |  |  |

### **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| H  | elena, MT 59620-2501   |   | -  |   |   |
|--|--|---|--|---|---|
| Legal Entity #   | School Dist. #   | School Name   |  | County  | Level   |
| 0852   | 12-12  | Molt Elem   |  | 48  | EL  |
| Proposed Restric   | ted Indirect Cost Rate   | e%  | (Round to nearest h                                      | undredth (X.X)                                  | (%) of a percent.)                              |
|  | Complete and submit we submitted for the electory or an arms.  |   |  |   |   |
| This is to certify that knowledge and believed               | t I have reviewed the in<br>ef:  | ndirect cost rate prop  | osal submitted he  | rewith and to                                   | the best of my                                  |
| allowable in accorda<br>A-87, "Cost Principle                | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete               | ents of the Federal a Governments." Una                               | ward(s) to which t<br>llowable costs hav                 | hey apply and<br>ve been adjust                 | OMB Circular                                    |
| casual relationship I accordance with apphave not been claim | d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be | incurred and the agi<br>Further, the same c<br>addition, similar type | eements to which osts that have been so of costs have be | they are allocen treated as in<br>een accounted | cated in<br>ndirect costs<br>If or consistently |
| I declare that the for                                       | regoing is true and cor  | rect.   |  |   |   |
| _  | ct Superintendent or   | Board   | Street Address   | or P.O. Box                                     |   |
| Chairperson  |  |   | PO Box 70  |   |   |
| Printed Name of A  | uthorized Official   |   | City   | Ziţ   | Code  |
|  |  |   | Molt   | 59  | 057   |
| Title  |  |   | Date   | <b>-</b>  |   |
|  | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620                              | ruction<br>-2501  | NDENT OF PUBL  | .IC INSTRUC                                     | TION BY:  |
| A  | number of District Control   | 00  | Date Approved  |   |   |
| Apı  | proved Rate for FY20   | Ub  |  |   |   |
|  |  |   | Signature  |   |   |
|  |  |   |  |   |   |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Н  | elena, MT 59620-2501   |   | 2 00 1110, 01   | ,  |  |
|--|--|---|---|--|--|
| Legal Entity #   | School Dist. #   | School Name   |   | County   | Level  |
| 0853   | 13   | Fishtail Elem   |   | 48   | EL   |
| Proposed Restric   | ted Indirect Cost Rate   | e%  | (Round to nearest h                                     | undredth (X.X                                  | (X%) of a percent.)                                |
|  | Complete and submit we submitted for the electory of your rate.  |   |   |  |  |
| This is to certify that knowledge and believed.                    | t I have reviewed the ir<br>ef:  | ndirect cost rate prop  | osal submitted he                                       | rewith and to                                  | the best of my                                     |
| allowable in accorda<br>A-87, "Cost Principle                      | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete                             | ents of the Federal a Governments." Una                               | ward(s) to which t<br>llowable costs hav                | hey apply an<br>ve been adjus                  | d OMB Circular                                     |
| casual relationship l<br>accordance with ap<br>have not been claim | d in the proposal are potential between the expenses plicable requirements. The day are direct costs. In ablic Instruction will be | incurred and the agi<br>Further, the same c<br>addition, similar type | reements to which osts that have been sof costs have be | they are allo<br>en treated as<br>een accounte | ocated in<br>indirect costs<br>ed for consistently |
|  | regoing is true and cor  |   |   |  |  |
| Signature of Distri<br>Chairperson                                 | ct Superintendent or   | Board   | Street Address  | or P.O. Box                                    |  |
| •  |  |   | PO Box 75   |  |  |
| Printed Name of A  | uthorized Official   |   | City  | Z  | ip Code  |
|  |  |   | Fishtail  | 59   | 9028   |
| Title  |  |   | Date  | ·  |  |
| Send com   | npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620   | ruction   |   |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE   | NDENT OF PUBL   | IC INSTRUC                                     | CTION BY:  |
| Ар   | proved Rate for FY20   | 06  | Date Approved   |  |  |
|  |  |   | Signature   |  |  |
|  |  |   |   |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Н  | lelena, MT 59620-2501  |   | Due May 01   | , 2000   |  |
|--|--|---|--|--|--|
| Legal Entity #   | School Dist. #   | School Name   |  | County   | Level  |
| 0857   | 31   | Nye Elem  |  | 48   | EL   |
| Proposed Restric   | ted Indirect Cost Rate   | e%  | (Round to nearest h  | nundredth (X.)                                 | XX%) of a percent.)                                  |
|  | Complete and submit woe submitted for the election of your rate.   |   |  |  |  |
| This is to certify tha knowledge and beli                  | t I have reviewed the ir<br>ef:  | ndirect cost rate prop  | osal submitted he  | erewith and to                                 | o the best of my                                     |
| allowable in accordance A-87, "Cost Principle              | ed in this proposal to es<br>ance with the requirem<br>les for State and Local<br>in the attached Predete                          | ents of the Federal a Governments." Una                               | award(s) to which allowable costs have                     | they apply ar<br>ve been adju                  | nd OMB Circular                                      |
| casual relationship accordance with ap have not been claim | ed in the proposal are p<br>between the expenses<br>plicable requirements.<br>ned as direct costs. In<br>ublic Instruction will be | incurred and the ag<br>Further, the same of<br>addition, similar type | reements to which<br>osts that have beens of costs have be | they are allo<br>en treated as<br>een accounte | ocated in<br>s indirect costs<br>ed for consistently |
|  | regoing is true and cor  |   |  |  |  |
| Signature of Distri<br>Chairperson                         | ct Superintendent or   | Board   | Street Address   | or P.O. Box                                    |  |
| •  |  |   | Box 699  |  |  |
| Printed Name of A  | uthorized Official   |   | City   | Z  | Zip Code   |
|  |  |   | Absarokee  | 5  | 9001   |
| Title  |  |   | Date   |  |  |
| Send con   | npleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501<br>Helena, MT 59620                                | ruction   |  |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE   | NDENT OF PUBI  | LIC INSTRU                                     | CTION BY:  |
| Ар   | proved Rate for FY20   | 06  | Date Approved  |  |  |
|  |  |   | Signature  |  |  |
|  |  |   |  |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| hool Name   | County   | Level  |
|---|--|--|
| pelje Elem  | 48   | EL   |
|   | earest hundredth (X.   | XX%) of a percent.)                                  |
|   |  | •  |
| ct cost rate proposal submit  | tted herewith and t  | o the best of my                                     |
| of the Federal award(s) to vernments." Unallowable co   | which they apply a<br>sts have been adju                       | nd OMB Circular                                      |
| urred and the agreements to<br>ther, the same costs that ha<br>tion, similar types of costs h | which they are all<br>ave been treated as<br>nave been account | ocated in<br>s indirect costs<br>ed for consistently |
|   |  |  |
| rd Street Add   | dress or P.O. Box  |  |
|   |  |  |
| City  | Z  | Zip Code   |
| Rapelje   | 5  | 59067  |
| Date  |  |  |
|   |  |  |
|   | DUDUIC INSTDU  | CTION BV:  |
| HE SUPERINTENDENT OF  |  | CTION BY:  |
|   |  | CTION BY:  |
| is/netriff  |  |  |

# Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

D. . . May 24 2005

|   | lelena, MT 59620-2501   |  | Due May 31   | , 2005   |  |
|---|---|--|--|--|--|
| Legal Entity #  | School Dist. #  | School Name  |  | County   | Level  |
| 0859  | 32  | Rapelje H S  |  | 48   | HS   |
| Proposed Restric  | ted Indirect Cost Rate  | e%   | (Round to nearest h  | nundredth (X.)                                 | (X%) of a percent.)                                |
|   | Complete and submit woe submitted for the electory of your rate.  |  |  |  |  |
| This is to certify tha knowledge and beli   | t I have reviewed the ir<br>ef:   | ndirect cost rate prop   | osal submitted he  | rewith and to                                  | the best of my                                     |
| allowable in accordance A-87, "Cost Principle   | ed in this proposal to es<br>ance with the requirem<br>les for State and Local<br>in the attached Predete   | ents of the Federal a Governments." Una  | ward(s) to which the ward is to ward it was to ward in the ward is to ward in the wa | they apply ar<br>ve been adju                  | nd OMB Circular                                    |
| casual relationship<br>accordance with ap<br>have not been clain<br>and the Office of Pu<br>predetermined rate. | ed in the proposal are p<br>between the expenses<br>plicable requirements.<br>ned as direct costs. In<br>ublic Instruction will be<br>regoing is true and cor | incurred and the ag<br>Further, the same of<br>addition, similar type<br>notified of any accou | reements to which<br>osts that have beens of costs have be   | they are allo<br>en treated as<br>een accounte | ocated in<br>indirect costs<br>ed for consistently |
| Signature of Distri   | ict Superintendent or   |  | Street Address   | or P.O. Box                                    |  |
| Chairperson   |   |  | PO Box 89  |  |  |
| Printed Name of A   | uthorized Official  |  | City   | Z  | ip Code  |
|   |   |  | Rapelje  | 5  | 9067   |
| Title   |   |  | Date   |  |  |
| Send con  | npleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501<br>Helena, MT 59620   | ruction  |  |  |  |
| ACCEPTED  | AND APPROVED FO   | R THE SUPERINTE  | NDENT OF PUBL  | LIC INSTRU                                     | CTION BY:  |
| Ар  | proved Rate for FY20  | 06   | Date Approved  |  |  |
|   |   |  | Signature  |  |  |
|   |   |  |  |  |  |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

|  | elena, MT 59620-2501  |  |  |  |  |
|--|---|--|--|--|--|
| Legal Entity #   | School Dist. #  | School Name  |  | County   | Level                                      |
| 0861   | 52-C  | Absarokee Elem   |  | 48   | EL   |
| Proposed Restric   | ted Indirect Cost Rate  | e%   | (Round to nearest h  | nundredth (X.X                                 | X%) of a percent.)                         |
|  | Complete and submit we submitted for the electory or an arms.   |  |  |  | -  |
| This is to certify tha knowledge and beli                  | t I have reviewed the ir<br>ef:   | ndirect cost rate prop   | osal submitted he  | rewith and to                                  | the best of my                             |
| allowable in accorda                                       | d in this proposal to es<br>ance with the requirem<br>es for State and Local<br>n the attached Predete                            | ents of the Federal a Governments." Una                                | ward(s) to which t<br>llowable costs hav                   | they apply an<br>ve been adjus                 | d OMB Circular                             |
| casual relationship accordance with ap have not been claim | d in the proposal are p<br>between the expenses<br>plicable requirements.<br>ned as direct costs. In<br>ablic Instruction will be | incurred and the agr<br>Further, the same of<br>addition, similar type | reements to which<br>osts that have beens of costs have be | they are allo<br>en treated as<br>een accounte | cated in indirect costs d for consistently |
|  | regoing is true and cor   |  |  |  |  |
| Signature of Distri<br>Chairperson                         | ct Superintendent or  | Board  | Street Address   | or P.O. Box                                    |  |
| Olidii pel 3011  |   |  |  |  |  |
| •  |   |  | 327 S Woodard  |  |  |
| Printed Name of A  | uthorized Official  |  | 327 S Woodard /  |  | p Code                                     |
| •  | uthorized Official  |  |  | Zi   | <b>p Code</b><br>9001                      |
| •  | uthorized Official  |  | City   | Zi   | •  |
| Printed Name of A  | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620   | ruction  | <b>City</b> Absarokee                                      | Zi   | •  |
| Title Send com   | npleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501   | -2501  | Absarokee Date   | <b>Zi</b>                                      | 9001                                       |
| Title Send com   | npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620   | ruction -2501 R THE SUPERINTE  | Absarokee Date   | <b>Zi</b>                                      | 9001                                       |

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

| Helena, MT 59620-2501                                      |  | Due (viay 61, 2000   |   |  |  |
|--|--|--|---|--|--|
| Legal Entity #   | School Dist. #   | School Name  |   | County                                       | Level  |
| 0862   | 52   | Absarokee H S  |   | 48   | HS   |
| Proposed Restric   | ted Indirect Cost Rate   | e%   | (Round to nearest h                                     | nundredth (X.)                               | XX%) of a percent.)                                |
|  | Complete and submit woe submitted for the electory oval of your rate.  |  |   |  |  |
| This is to certify tha knowledge and beli                  | t I have reviewed the ir<br>ef:  | ndirect cost rate prop   | osal submitted he                                       | rewith and to                                | o the best of my                                   |
| allowable in accordance A-87, "Cost Principle              | ed in this proposal to es<br>ance with the requirem<br>les for State and Local<br>in the attached Predete                          | ents of the Federal a Governments." Una                                | ward(s) to which t<br>llowable costs hav                | hey apply ar<br>e been adju                  | nd OMB Circular                                    |
| casual relationship accordance with ap have not been claim | ed in the proposal are p<br>between the expenses<br>plicable requirements.<br>ned as direct costs. In<br>ublic Instruction will be | incurred and the agr<br>Further, the same of<br>addition, similar type | reements to which osts that have been sof costs have be | they are allower treated as<br>een accounted | ocated in<br>indirect costs<br>ed for consistently |
|  | regoing is true and cor  |  |   |  |  |
| Signature of District Superintendent or Board Chairperson  |  |  | Street Address or P.O. Box                              |  |  |
| •  |  |  | 327 S Woodard A   |  |  |
| Printed Name of A  | uthorized Official   |  | City  | Z  | ip Code  |
|  |  |  | Absarokee   | 5  | 9001   |
| Title  |  |  | Date  |  |  |
| Send con   | npleted form to:<br>School Accounting<br>Office of Public Inst<br>PO Box 202501<br>Helena, MT 59620                                | ruction  |   |  |  |
| ACCEPTED   | AND APPROVED FO  | R THE SUPERINTE  | NDENT OF PUBL   | IC INSTRU                                    | CTION BY:  |
| Approved Rate for FY2006                                   |  |  | Date Approved   |  |  |
|  |  |  | Signature   |  |  |
|  |  |  |   |  |  |